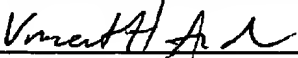
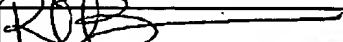




<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/608,988
		Filing Date	June 30, 2000
		First Named Inventor	Aly Aarestrup Michaelson
		Art Unit	2157
		Examiner Name	Barbara N. Burgess
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P8721

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">- Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Vincent H. Anderson, Reg. No. 54,962 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 25, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Rachael L. Brown		
Signature		Date	April 25, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## Complete if Known

Application Number 09/608,988  
Filing Date June 30, 2000  
First Named Inventor Aly Aarestrup Michaelson  
Examiner Name Barbara N. Burgess  
Art Unit 2157  
Attorney Docket No. 42390P8721

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
19	20*	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

#### Large Entity

Fee Code	Fee (\$)
1202	50
1201	200
1203	300
1204	300
1205	300

#### Small Entity

Fee Code	Fee (\$)
2202	25
2201	100
2203	180
2204	150
2205	150

#### Fee Description

Claims in excess of 20  
Independent claims in excess of 3  
Multiple Dependent claim, if not paid  
\*\*Reissue independent claims over original patent  
\*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

#### Large Entity

Fee Code	Fee (\$)
1051	130
1052	50
2053	130
1251	120
1252	450
1253	1,020
1254	1,590
1255	2,160
1401	500
1402	500
1403	1,000
1451	1,510
1460	130
1807	50
1806	180
1809	790
1810	790

#### Small Entity

Fee Code	Fee (\$)
2051	65
2052	25
2053	130
2251	60
2252	225
2253	510
2254	795
2255	1,080
2401	250
2402	250
2403	500
2451	1,510
2460	130
1807	50
1806	180
1809	395
2810	395

#### Fee Description

Surcharge - late filing fee or oath  
Surcharge - late provisional filing fee or cover sheet.  
Non-English specification  
Extension for reply within first month  
Extension for reply within second month  
Extension for reply within third month  
Extension for reply within fourth month  
Extension for reply within fifth month  
Notice of Appeal  
Filing a brief in support of an appeal  
Request for oral hearing  
Petition to institute a public use proceeding  
Petitions to the Commissioner  
Processing fee under 37 CFR 1.17(a)  
Submission of Information Disclosure Stmt  
Filing a submission after final rejection (37 CFR § 1.129(a))  
For each additional invention to be examined (37 CFR § 1.129(b))

#### Fee Paid

(S)

SUBTOTAL (2)

## SUBMITTED BY

Name (Print/Type) Vincent H. Anderson

Registration No.  
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## Complete (if applicable)

Telephone

(503) 439-8778

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*Vincent H. Anderson*

Date

04/25/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).  
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# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

## Complete if Known

Application Number 09/608,988  
Filing Date June 30, 2000  
First Named Inventor Aly Aarestrup Michaelsen  
Examiner Name Barbara N. Burgess  
Art Unit 2157  
Attorney Docket No. 42390P8721

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	19	- 20*	=	0	x	50.00	=	\$0.00
Independent Claims	4	- 4*	=	0	x	200.00	=	\$0.00
Multiple Dependent								

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1202	50		2202	25	Claims in excess of 20
	1201	200		2201	100	Independent claims in excess of 3
	1203	360		2203	180	Multiple Dependent claim, if not paid
	1204	300		2204	150	**Reissue independent claims over original patent
	1205	300		2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)						(\$ ) 0.00

\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1051	130		2051	65	Surcharge - late filing fee or oath
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet
	2053	130		2053	130	Non-English specification
	1251	120		2251	60	Extension for reply within first month
	1252	450		2252	225	Extension for reply within second month
	1253	1,020		2253	610	Extension for reply within third month
	1254	1,580		2254	785	Extension for reply within fourth month
	1255	2,160		2255	1,080	Extension for reply within fifth month
	1401	500		2401	250	Notice of Appeal
	1402	500		2402	250	Filing a brief in support of an appeal
	1403	1,000		2403	500	Request for oral hearing
	1451	1,510		2451	1,510	Petition to institute a public use proceeding
	1480	130		2460	130	Petitions to the Commissioner
	1807	50		1807	60	Processing fee under 37 CFR 1.17(q)
	1808	180		1808	180	Submission of Information Disclosure Stmt
	1809	790		1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
	1810	790		2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$ )

## SUBMITTED BY

Name (Print/Type) Vincent H. Anderson

Registration No.  
(Attorney/Agent)

54,962

## Complete (if applicable)

Telephone

(503) 439-8778

Signature

*Vincent H. Anderson*

Date

04/25/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
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APR 25 2005

Attorney Docket No.: 42390P8721

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

**Michaelsen**

Application No: 09/608,988

Filed: June 30, 2000

For: METHOD AND APPARATUS FOR  
FLEXIBLE HIGH SPEED  
COMMUNICATION

Examiner: Barbara N. Burgess

Art Unit: 2157

**Mail Stop Amendment AF**

Assistant Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

In response to the Final Office Action mailed February 25, 2005, Applicant respectfully requests reconsideration of the above-referenced patent application in light of the following.